

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31918

4219

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>4 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3306 Park</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Douglas</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ottawa</u> d. STREET ADDRESS (If rural, give location) <u>511 Maple</u>			
3. NAME OF DECEASED a. (First) <u>MRS. ARMINA</u> (Type or Print) b. (Middle) <u>MAE</u> c. (Last) <u>WATTS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 25 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Oct 25 1868</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>WILLIAM STEWART</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CAMPBELL</u>		14. NAME OF HUSBAND OR WIFE <u>SAM M WATTS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs James H Martin 3306 Park</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Sept 25, 1952</u> , to <u>Sept 25, 1952</u> , that I last saw the deceased alive on <u>Sept 25, 1952</u> , and that death occurred at <u>9:00P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert Jansen</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2220 E 31st St</u>		23c. DATE SIGNED <u>Sept 26, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 26 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ottawa, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>9-26-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quirk & Tabin 20 West Linwood</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Forrest D Coldenow

Licensed Embalmer No. 4714

P. O. Address H C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.